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By-Clements, Hubert M.; And Others

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A 3-year demonstration project focused on the vocational rehabilitation rehabilitation of selective service rejectees in a five-county area in Central South Carolina. In 1962, over 50 percent of South Carolina's young men who were examined for military service were rejected for failure to meet physical and/or mental requirements. Of 1,450 selective service rejectees, 347 received further evaluation by the project staff and 112 were accepted for vocational rehabilitation services. Clients with physical impairments were further examined to determine whether surgery and/or treatment might correct or substantially reduce the impairment. Clients who had no marketable skill and were trainable were provided vocational training in on-the-job situations. Final results indicate that 95 clients accepted for rehabilitation services were placed in competitive employment. Also, in more than half of the cases (52.7 percent) the cost of all services provided for rejectee-clients totaled $100 or less. The study tends to verify beliefs that for a small outlay of funds and through vocational rehabilitation efforts, military rejectees can become contributing members of a competitive society. (CH)

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THE UNFIT MAJORITY:

A Research Study of the Rehabilitation of Selective Service Rejectees in South Carolina

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SOUTH CAROLINA
VOCATIONAL REHABILITATION DEPARTMENT
DR. DILL D. BECKMAN, Director

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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By

HUBERT M. CLEMENTS, ~~Ed.D.~~ and Others.
JACK A. DUNCAN, Ed.D.
RICHARD E. HARDY, Ed.D.

FINAL REPORT FOR: EXPERIMENTAL DEMONSTRATION PROJECT FOR SERVICING SELECTIVE SERVICE REJECTEES*

CONDUCTED BY:

Columbia B3B00664

SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

DR. DILL D. BECKMAN, Director

HENRY F. WATTS, Project Director

JACK B. HERNDON, Counselor-Coordinator

OCTOBER 1967

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PREFACE

It was appalling to learn from **One Third of a Nation,** the report of President John F. Kennedy's Task Force on Manpower Conservation, the number of our young male citizens found unacceptable for military service. We, in South Carolina, had only to look at this report briefly before deciding that this segment of our population had been neglected too long. The problems of this group had to be dealt with before they resulted in major vocational handicaps.

We knew that only through close working relationships with all the agencies involved could any degree of success be anticipated. It was through the cooperative efforts of these agencies that the **Experimental Demonstration Project for Serving Selective Service Rejectees** was undertaken and completed.

We, in South Carolina, have accepted the responsibility for providing vocational rehabilitation services to these young men found unacceptable for military service. I urge other rehabilitation agencies to initiate similar programs.

Dr. Dill D. Beckman, Director

FOREWORD

The title of this report, "The Unfit Majority," is provocative. Nationally, it is **One-Third Of A Nation** as reported by President John F. Kennedy's Committee, but in South Carolina it is two-thirds of a State. It is appalling to think that approximately two out of every three examined for military service are found "unfit." With this in mind, South Carolina has attempted to seek the underlying causes and proper solutions.

From a counselor's viewpoint the project has been a most rewarding venture. The experiences and contacts made in working with the rejectees, their parents, the local draft boards, the Armed Forces Examining Station, the South Carolina State Selective Service System, and the many other agencies tended to underscore the need for a project of this kind.

In working with these young men, the counselor must realize that they constitute a difficult group with which to work. Many lack initiative, motivation, and maturity. Therefore, the counselor's primary task is to communicate to them that they are an important part of society, and that they must make plans now to take their rightful places in the future.

JACK B. HERNDON
Project Counselor-Coordinator

SIGNIFICANT FINDINGS FOR THE REHABILITATION WORKER

The results of this three-year study of the rehabilitation of selective service rejectees in South Carolina.

(1) Selective service rejectees are a prime population that can benefit from V. R. sources.

(2) A project such as this can be conducted in any locality in which a minimum of services are available.

(3) The cost of a project of this kind is nominal in terms of its return.

(4) An adequate number of personnel must be employed in the project if optimum results are to be realized.

(5) The same evaluation instruments must be employed in screening all applicants.

(6) The race of the rejectee must be included among the demographic data for purposes of statistical analysis.

(7) The purpose of the project must be explained thoroughly to each rejectee.

(8) Initial contact with rejectees should never be made through correspondence.

(9) Personal contact must be maintained between rejectee and counselor.

(10) The counselor-coordinator is the single most important person on the project staff because he

a. initiates all contacts
b. does much of any counseling provided
c. makes necessary referrals
d. maintains accurate records on all contacts
e. conducts subsequent follow-up studies

Vocational Rehabilitation of Selective Service Rejectees

Introduction

Following the recommendations presented in "The President's Task Force on Manpower Conservation (January, 1964), it was felt that many Selective Service rejectees could benefit from the services offered by Vocational Rehabilitation if (1) Vocational Rehabilitation personnel were made aware of the young men who were determined to be unfit for military service, (2) if Vocational Rehabilitation personnel were fully aware of the specific reason or reasons for rejection, and (3) if the rejectees themselves were made aware of Vocational Rehabilitation services and the manner in which these services could be utilized in rehabilitating them.

By using these three assumptions as points of departure, it was further reasoned that a variety of techniques, facilities, personnel, and community resources would have to be brought in to play in order to determine the extent to which Vocational Rehabilitation Services could be effective in helping to solve the problem of the large number of young men rejected for military service because of failure to meet physical and/or mental requirements. What remained to be determined was the geographical location in which these facilities, personnel, and community resources were available to undertake such a project.

The location selected for the project was the compact five-county area in central South Carolina which included Calhoun, Fairfierld, Kershaw, Lexington, and Richland counties. A factor which strongly influenced the decision to establish the project in this area was the proximity of the Armed Forces Examination Station at Fort Jackson, the primary center for examinations for South Carolina inductees.

The South Carolina Vocational Rehabilitation of Selective Service Rejectees project was begun under a Research and Demonstration Grant from Vocational Rehabilitation Administration on May 1, 1964 and continued on a renewal basis until April 30, 1967. This project was the first of its kind to be undertaken. Since this time similar projects have been instituted in Arkansas, Georgia, Rhode Island, and West Virginia. This report presents the findings of the three-year project conducted in South Carolina.

Statement of the Problem

Since more than one-half of the young men in South Carolina in 1962 were rejected for military service because of failure to meet the established physical and mental requirements, it was apparent that a segment of the population could benefit from the services and efforts of the South Carolina Vocational Rehabilitation Department.

It was subsequently proposed that several personnel within the department be charged with the responsibility of contacting Selective Service rejectees in a five-county area in central South Carolina, explaining the program of services available through Vocational Rehabilitation to these rejectees, and then encouraging them to avail themselves of the various services.

Review of Relevant Literature

A careful review of the literature failed to yield information concerning programs which were designed to provide V. R. services to military rejectees. The only reference made to a similar program was that undertaken by the U. S. Public Health Service. In this project the U. S. Public Health Service with the cooperation of Selective Service and the Department of the Army early in 1962 launched pilot projects in New York and Philadelphia with the express purpose of rehabilitating young men who failed the physical examination.

In this project local health department personnel working in the armed forces examination center gave counsel to those who were rejected on physical grounds. The personnel suggested to the rejectee that he consult his own physician about his physical condition. In cases where this was not possible, the rejectee was referred to available community health services.

This project was not designed to provide services for those men rejected for military service for reasons other than physical disabilities. Also, there was no attempt made to provide a comprehensive program of V. R. services to the rejectees.

The single most important fact that prevails throughout the literature is that selective standards are relative and are based on the principle of supply and demand. It appears that in times of national crisis involving the military services fewer men are found unfit for military service than are so determined in periods of relative peace. A sta-

tistical chart of 1942 to 1945 shows high peaks and low valleys all through this period reflecting the fluctuating policies, and would suggest that expediency rather than over-all planning was employed (in the selection process) Loesser, 1959, p. 42).

This contention is refuted by Walton in his article "Uncle Sam's Rejects." He states that "since 1951, furthermore, the passing requirement for the A.F.T. has also been legally fixed. In short, higher standards are clearly not the reason for the increasing rate of rejection" (1962, p. 41).

However, Walton does acknowledge some fluctuation in physical standards. "While it is true that the physical standards do vary from time to time, Congress in 1951 specified that they may not be higher than those applied in January 1945. In some cases, indeed, they have been reduced" (1962, p. 41).

The question of whether or not selection standards do fluctuate are, for the purpose of this project, relatively unimportant. What is important is the fact that some young men are rejected for military service and could subsequently benefit from V. R. services.

The most significant study concerning these rejectees was conducted by the President's Task Force on Manpower Conservation with the finding being published in a report entitled **One-Third of a Nation.** The report showed that one-third of all young men throughout the nation turning 18 would be found unqualified for military service, and of this number, one-half would be rejected for medical reasons. The other half would be rejected because of their inability to qualify on the mental test.

The rate of failure varied among different states and areas. In South Carolina the percent who failed the mental test in 1962 was 50.37 as compared with the national average of 21.50%. (Governor's Special Committee, 1963, p. 14).

The report also recognized two basic deficiencies contributing to the high rejection rate: inadequate education and insufficient health services.

A projection indicated that 600,000 rejectees could be anticipated each year until at least 1970. This is fully one-third of all young men reaching legal age for military service.

In summary the study revealed that these rejectees had a higher rate of unemployment; four out of five were school dropouts; when employed, they were generally employed in unskilled, semi-skilled, or service jobs; and they came from families that were in the lower socio-economic strata.

With few exceptions the South Carolinian rejected for military service was found at the bottom in most of these categories. Using figures compiled for the 1962 study, **Factors Contributing to Selective Service Examinee Failure in South Carolina During 1962,** some significant findings are as follows:

(1) 28.3% of all white examinees failed to pass the medical examination.
(2) 23.9% of all white examinees failed to pass the mental test.
(3) 10.8% of all non-white examinees failed the medical examination.
(4) 75.6% of all non-white examinees failed to pass the mental test.
(5) 68.8% of all who were examined were rejectjected for military service.

The last statistic reveals that more than twice as many young men called for military service from South Carolina failed to qualify for military service than did the nation as a whole. It was the revelation of statistics of this kind that helped prompt the undertaking of the project reported herein.

Project Program

The project worked with a selected number of cases (1,450) in a limited geographical area so that it was possible to establish intensive procedures for screening, evaluating, and providing services to all eligible cases. In order to implement these procedures it was necessary to establish cooperative agreements among the Vocational Rehabilitation Department, the Selective Service System, and the State Employment Service.

The project was organized and operated as a unit separate from existing facilities and services. The project did, however, utilize all existing facilities and services which were then being used by the Vocational Rehabilitation program as well as other community services which were needed and available.

Complete records on all cases, referred and accepted were maintained (see Table 1). In adition to all the usual Vocational Rehabilitation records, evaluation procedures relative to the project were kept.

Staff Personnel

The project had its own separate personnel and office and devoted full time to rendering Vocational Rehabilitation services to the rejectees. For the period May 1, 1964 to April 30, 1965, the project staff consisted of the following personnel and the percentage of time devoted to the project:

Professional and Technical

Project Director	10%
Finance Officer	10%
Counselor-Coordinator	100%

Clerical

Steno-Clerk	100%

Consultants

Psychologist	10%
Medical	2.5%

As the project developed it became apparent that additional personnel would be needed if the objectives of the project were to be met and if data on the growing number of cases were to be recorded and organized. Therefore, for the period May 1, 1965 to April 30, 1966 the project staff consisted of the following personnel and the percentage of time devoted to the project:

Professional and Technical

Project Director	10%
Finance Officer	10%
Counselor-Coordinator	100%
Social Worker	50%
Machine Operator—IBM	10%

Clerical

Steno-Clerk	100%
Steno-Clerk	14%

Consultant

Psychologist	10%
Medical	2.5%

For the third and final year of the project the personnel involved and the percentage of time devoted to the project were as follows:

Professional and Technical

Counselor-Coordinator	100%
Social Worker	50%
Machine Operator—IBM	10%

Clerical

Steno-Clerk	100%
Steno-Clerk	50%

Consultants

Psychologist	10%
Medical	2.5%

The only personnel to have full time workloads devoted to the project were the counselor-coordinator and the secretary (steno-clerk). Other personnel were retained on parttime workload arrangements or consultant bases with the appropriate salary commitments or fee arrangements established.

Collection and Analysis of Data

The project counselor made regularly scheduled visits to the Selective Service Boards in the area served by the project for the purpose of reviewing the case records of the Selective Service rejectees. After a careful review of the rejectee's records, coupled with an interview where deemed advisable, the counselor decided to screen the case either "In" or "Out" for project services. The decision to screen a case either "In" or "Out" was dependent upon the following criteria:

(1) reason for rejection for military service
(2) type of employment, if employed at time of rejection
(3) satisfaction with type of employment, if employed at time of rejection
(4) possibility of loss of employment because of type of disabling condition
(5) willingness of rejectee to receive Vocational Rehabilitation services

Forms were devised for the purpose of completing information on all Selective Service rejectees (see Appendix A). These forms were used in conjunction with the standard forms used in the Vocational Rehabilitation Department. Three stages of services were reported on these forms:

(1) preliminary screening
(2) evaluation
(3) planned services and closures

One or more of these forms was completed on each rejectee located in the project area. Upon completion these forms were forwarded to the data-processing section for inclusion in the statistical report of the project.

When the rejectees were contacted, the interview was structured so as to be able to determine as accurately as possible the following rejectee attitudes toward:

(1) his disability
(2) work itself
(3) desire to work
(4) a complete rehabilitation evaluation
(5) desire to participate in a compresensive rehabilitation plan including the likelihood of receiving physical restoration, training, and other appropriate rehabilitation services needed to make him employable.

After a rejectee was screened "In" and was accepted as having potential for benefitting from Vocational Rehabilitation services, he was thoroughly evaluated. Those rejected on the basis of physical impairments received a general medical examination as well as one or more special medical examinations as deemed necessary to determine whether or not surgery and/or treatment might correct or substantially reduce the impairment. In cases where physical restoration services were indicated, these services were provided through project funds.

In addition to the medical examination a complete vocational diagnosis was made. The client was given a complete battery of tests by the psychologist or the counselor-coordinator. In some cases, in addition to the psychological evaluation, the client was evaluated more completely through placement in an evaluation center where job tryouts were facilitated. Some clients were also evaluated in a sheltered workshop which was available in the area in which the study was conducted.

Clients who had no marketable skill and were trainable were provided vocational training in on-the-job situations. Additional training facilities such as public and private trade schools, the Rehabilitation workshop facility, business schools, and colleges were also utilized in working with these clients. Training was instituted in those situations where the rejectee indicated interest, ability, and need. In essence, training was provided wherever and whenever it was found to be available and adequate arrangements could be made. In addition to vocational training and job placement, physical restoration services were rendered to those rejectees who needed it to become gainfully employed or to qualify for military srvice.

Another service which was unique to this project was that of administering the Revised Beta Examination and the Reading Section of the Wide Range Achievement Test to almost all rejectees who were accepted as referrals. The purpose for administering these two instruments, in addition to gain the additional information on each client, was so that a comparison could be made of the data with other similar projects that were to be undertaken in other sections of the United States.

All records concerning the Selective Service rejectees were marked with the appropriate Research and Demonstration Selective Service stamp for identification and financial purpose. These records were transferred to IBM cards, the data tabulated, and used in preparing this report.

The usual agency statistical reports were submitted by this project, with special reports on the progress and effectiveness of the services of the project being rendered upon request. Interim reports were made throughout the course of this project and communications were maintained with personnel in other similar projects undertaken sometime after the funding of the project herein reported.

Results

There were 1,450 young men called for examination by their respective Selective Service boards in the five South Carolina counties included in the three-year **Experimental Demonstration Project for Serving Selective Service Rejectees.** The number referred for each project year was 514, 724, and 212 respectively (Table 1). The percent of those referred each year who were processed into Phase II (evaluation phase) was 15.0 (77), 16.7 (121), and 70.3 (149) respectively. Twenty-three and nine-tenths percent of the total number of referrals (1,450) or 347 rejectees were accepted for evaluation. Of the 347 rejectees who were evaluated, 112 or 32.3% were accepted for V. R. services. As is shown in Table 1, the number accepted for services was 7.7% of the total number of rejectees who were referred (1,450).

The most productive year of the project was the last year (Table 1). During this year, 70.3% (149) of the rejectees who were referred were given diagnostic and evaluative services, and 36.3% (77) were accepted for V. R. services.

TABLE 1
NUMBER OF SUBJECTS BY YEAR AND PHASE

	—YEAR—							
	1		2		3		TOTAL	
PHASE	N	%	N	%	N	%	N	%
1	514	100.0	724	100.0	212	100.0	1450	100.0
2	77	15.0	121	16.7	149	70.3	347	23.9
3	4	0.8	31	4.4	77	36.3	112	7.7

The primary sources of referral to the project were the five local Selective Service boards (Table 2). Of the 1,450 referrals to the project, 77.4% were from these local boards. Three hundred and twenty-six (22.5% of total referrals) men who were accepted by the local boards were rejected at the Armed Forces Examining Station (hereafter AFES), Fort Jackson, South Carolina. As Table 2 shows, one enlistee who was rejected by AFES was referred to the project during the first year; this individual was included in the population of this study.

TABLE 2
REFERRAL SOURCE

	—YEAR—							
	1		2		3		TOTAL	
SOURCE	N	%	N	%	N	%	N	%
AFES	11	2.1	274	37.8	41	19.3	326	22.5
Selective Service	502	97.7	450	62.2	171	80.7	1123	77.4
Enlistee	1	0.2	0	0.0	0	0.0	1	0.1
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

The model age of the rejectees was twenty years (Table 3) with some subjects being as young as 17 years or as old as 27 years. Fifty-seven percent of the rejectees were either 19 or 20 years old. This is not surprising since this is the most common age at which men are drafted.

TABLE 3
AGE AT TIME OF DISQUALIFICATION

	—YEAR—							
	1		2		3		TOTAL	
AGE	N	%	N	%	N	%	N	%
17	0	0.0	8	1.1	1	0.5	9	0.6
18	94	18.3	74	10.2	41	19.3	209	14.5
19	35	6.8	216	29.9	72	33.9	323	22.3
20	226	44.0	235	32.5	53	25.0	514	35.4
21	57	11.1	68	9.4	25	11.8	150	10.4
22	65	12.7	49	6.8	7	3.3	121	8.3
23	22	4.3	43	5.9	8	3.8	73	5.0
24	9	1.8	19	2.6	3	1.4	31	2.1
25	3	0.5	8	1.1	1	0.5	12	0.8
26	2	0.3	1	0.1	1	0.5	4	0.3
27	1	0.2	3	0.4	0	0.0	4	0.3
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

As is shown in Table 4, 89.7% of the rejectees were not married. One hundred and twenty-five were married, eight were divorced, fourteen were separated, and one was widowed. Since 72.8% (Table 3) of the rejectees were 17 through 20 years of age, one would not expect a large number of them to be married.

TABLE 4
MARITAL STATUS OF REJECTEES AT REFERRAL

	—YEAR—							
	1		2		3		TOTAL	
STATUS	N	%	N	%	N	%	N	%
Single	504	98.1	610	84.2	188	88.7	1302	89.7
Married	7	1.3	96	13.3	22	10.4	125	8.6
Divorced	1	0.2	7	1.0	0	0.0	8	0.6
Separated	2	0.4	10	1.4	2	0.9	14	1.0
Widowed	0	0.0	1	0.1	0	0.0	1	0.1
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

Bearing in mind the fact that almost 90% of the subjects were unmarried, the fact that 1,203 (83%) of them had no dependents (Table 5) was not surprising. Other than the group with no dependents most of the subjects had only one dependent. The largest number of dependents was six; one subject reportedly was the sole support of a widowed mother and five brothers and sisters.

TABLE 5
NUMBER OF DEPENDENTS OF REJECTEES

	—YEAR—							
	1		2		3		TOTAL	
DEPENDENTS	N	%	N	%	N	%	N	%
0	452	87.9	562	77.6	189	89.2	1203	83.0
1	54	10.6	98	13.6	14	6.6	166	11.3
2	4	0.8	58	8.0	6	2.8	68	4.7
3	2	0.3	3	0.4	3	1.4	8	0.5
4	0	0.0	2	0.3	0	0.0	2	0.2
5	1	0.2	1	0.1	0	0.0	2	0.2
6	1	0.2	0	0.0	0	0.0	1	0.1
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

The size of the resident city of the subjects is shown in Table 6. These figures show that 33.1% of the subjects were from towns with populations of 2,500 or less and that 41.1% were from cities of 50,001 to 100,000 in population. Since Columbia is the only city in the five-county area with a population of over 50,000, it is obvious that Columbia was the residence of the majority of the subjects included in this study.

TABLE 6
POPULATION OF RESIDENT CITY OF REJECTEES

	—YEAR—							
	1		2		3		TOTAL	
POPULATION	N	%	N	%	N	%	N	%
Less than 2,500	227	44.2	201	27.7	52	24.5	480	33.1
2,501-10,000	128	24.9	128	17.7	32	15.1	288	19.9
10,001-25,000	5	1.0	56	7.7	4	1.9	65	4.5
25,001-50,000	1	0.2	2	0.3	0	0.0	3	0.2
50,001-100,000	153	29.7	319	44.1	124	58.5	596	41.1
More than 100,000	0	0.0	18	2.5	0	0.0	18	1.2
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

At the time of referral, all except 197 (13.5%) of the rejectees were employed (full or parttime) or were students. The type work being done by the 1,055 (72.9%) subjects who were employed is shown in Table 7. The jobs of the employed subjects were classified according to the major single digit code found in the **Dictionary of Occupational Titles.** The three largest occupational classification were Bench Work (13.6%); Professional, Technical, and Managerial (13.3%); and Structural Work (12.2%). The least frequent job classifications were Miscellaneous (1.8%) and Machine Trades (5.0%).

TABLE 7
MAJOR D. O. T. CLASSIFICATION OF EMPLOYED REJECTEES AT TIME OF REFERRAL

	—YEAR—							
	1		2		3		TOTAL	
MAJOR D.O.T. CLASS.	N	%	N	%	N	%	N	%
Professional, Technical, and Managerial	27	5.3	43	5.9	7	3.3	77	5.3
	47	9.2	65	9.0	4	1.9	116	8.0
Clerical & Sales	48	9.4	57	7.9	17	8.0	122	8.5
Service	36	7.0	35	4.8	10	4.7	81	5.6
Farming, Fishery & Related Occupations	31	6.0	46	6.4	5	2.4	82	5.7
Processing	31	6.0	55	7.6	19	8.9	105	7.2
Machine Trades	38	7.4	27	3.8	7	3.3	72	5.0
Bench Work	99	19.2	94	12.9	4	1.9	197	13.6
Structural Work	57	11.1	97	13.4	22	10.4	176	12.2
Miscellaneous	3	0.6	19	2.6	5	2.4	27	1.8
Student	48	9.3	94	13.0	56	26.4	198	13.6
Unemployed	49	9.5	92	12.7	56	26.4	197	13.5
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

The highest grade level completed by the rejectees is shown in Table 8. The modal education level was the twelfth grade (37.0%). By grouping the subjects, it was discovered that 5.8% had completed six grades or less; 24.2% had completed at least seven but not more than nine grades; 18.7% had completed the tenth or eleventh grades; 37.0% had completed high school; 9.5% had completed one or two years of college; 3.4% had completed three or four years of college; 0.4% had done one or more years of graduate work; and for 1.0% no data were available.

TABLE 8
GRADES COMPLETED BY REJECTEES AT TIME OF REFERRAL

	—YEAR—							
	1		2		3		TOTAL	
GRADES COMPLETED	N	%	N	%	N	%	N	%
0	1	0.2	1	0.1	0	0.0	2	0.1
1	1	0.2	0	0.0	2	0.9	3	0.2
2	1	0.2	1	0.1	0	0.0	2	0.1
3	5	1.0	2	0.2	1	0.5	8	0.6
4	7	1.3	6	0.9	2	0.9	15	1.0
5	9	1.8	4	0.5	3	1.4	16	1.1
6	12	2.4	22	3.0	5	2.4	39	2.7
Total								5.8
7	32	6.3	33	4.6	8	3.8	73	5.0
8	66	12.9	71	9.8	11	5.2	148	10.2
9	58	11.3	62	8.5	10	4.8	130	9.0
Total								24.2
10	49	9.5	66	9.1	15	7.1	130	9.0
11	55	10.7	70	9.7	16	7.6	141	9.7
Total								18.7
12	167	32.4	277	38.4	92	43.3	536	37.0
Total								37.0
13	22	4.2	38	5.3	14	6.6	74	5.1
14	10	2.0	32	4.5	21	9.9	63	4.4
Total								9.5
15	6	1.1	7	1.0	4	1.9	17	1.1
16	5	0.9	24	3.3	4	1.9	33	2.3
Total								3.4
17	0	0.0	2	0.2	2	0.9	4	0.3
20	0	0.0	1	0.1	0	0.0	1	0.1
Total								0.4
Unknown	8	1.5	5	0.7	2	0.9	15	1.0
Total								1.0
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

The Armed Forces Qualifying Test (hereafter AFQT) was administered to 1,015 (70.0%) of the rejectees. The distribution of the scores for this test is shown in Table 9. Thirty-six and seven-tenths percent (36.7%) of those tested scored 19 or less on the AFQT. Subjects whose scores were in this group were classified as mentally deficient and unsuitable for military duty. Scores for the remaining 33.3% who were tested were distributed more or less evenly from a score of 20 through a score of 90 or higher. Thirty percent (30.0%) of the subjects were never administered the AFQT since they were rejected by their local Selective Service boards for obvious medical, moral, or educational deficiencies.

TABLE 9

ARMED FORCES QUALIFYING TEST SCORE FOR REJECTEES

	—YEAR—							
	1		2		3		TOTAL	
SCORE	N	%	N	%	N	%	N	%
0-9	188	36.6	168	23.2	19	9.0	375	25.9
10-19	57	11.1	79	10.9	20	9.4	156	10.8
20-29	9	1.8	27	3.7	13	6.1	49	3.4
30-39	43	8.4	60	8.3	12	5.7	115	7.9
40-49	16	3.1	38	5.3	6	2.8	60	4.1
50-59	17	3.3	33	4.6	6	2.8	56	3.9
60-69	14	2.7	37	5.1	11	5.2	62	4.3
70-79	6	1.1	40	5.5	3	1.4	49	3.4
80-89	13	2.5	41	5.6	12	5.7	66	4.5
90 plus	8	1.6	16	2.2	3	1.4	27	1.8
Unknown	143	27.8	185	25.6	107	50.5	435	30.0
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

The bases for disqualification from military duty of the men who comprised the population in this study are enumerated in Table 10. Mental retardation or deficiency was the basis for disqualifying almost one-third of the subjects (30.6%). For 25.5% of the population there was no known reason for disqualification. A large number of those for which no basis for disqualification was stated were disqualified by their Selective Service boards and no record was made of the reason. Clerical error probably accounted for the few remaining cases in this category. Other significant reasons for disqualification were: visual impairments other than blindness (7.9%), orthopedic deformities or impairments —except amputations—of one or both lower extremities (6.8%), and cardiac diseases (5.5%).

TABLE 10
BASIS FOR DISQUALIFICATION OF REJECTEES

Basis for Disqualification	—YEAR— 1 N	%	2 N	%	3 N	%	TOTAL N	%
(Code)*								
0	0	0.0	1	0.2	0	0.0	1	0.1
1	0	0.0	2	0.3	0	0.0	2	0.1
3	0	0.0	1	0.2	0	0.0	1	0.1
5	1	0.2	4	0.5	0	0.0	5	0.4
6	7	1.4	17	2.3	14	6.6	38	2.6
7	0	0.0	5	0.6	0	0.0	5	0.4
8	25	4.9	48	6.6	19	9.0	92	6.4
9	11	2.2	24	3.3	11	5.2	46	3.1
11	5	1.0	8	1.1	0	0.0	13	0.9
12	2	0.3	2	0.3	0	0.0	4	0.3
13	1	0.2	0	0.0	0	0.0	1	0.1
14	31	6.0	67	9.2	17	8.1	115	7.9
15	0	0.0	1	0.2	0	0.0	1	0.1
16	0	0.0	1	0.2	0	0.0	1	0.1
17	19	3.7	38	5.3	10	4.7	67	4.6
18	9	1.8	16	2.2	3	1.4	28	1.9
19	4	0.7	17	2.3	9	4.3	30	2.1
20	244	47.5	168	23.2	32	15.0	444	30.6
21	9	1.8	50	6.9	22	10.3	81	5.5
22	8	1.6	14	1.9	3	1.4	25	1.7
23	0	0.0	1	0.2	0	0.0	1	0.1
24	1	0.2	3	0.5	0	0.0	4	0.3
29	112	21.8	198	27.3	59	27.8	369	25.5
30	6	1.1	6	0.9	5	2.4	17	1.1
95	4	0.8	4	0.5	4	1.9	12	0.8
97	15	2.9	28	3.8	4	1.9	47	3.2
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

* See Appendix B for explanation of code.

Referral of rejectees to the **Experimental Demonstration Project for Serving Selective Service Rejectees** was accomplished in most cases within a relatively short period of time. Table 11 indicates that 44.3% were referred within two weeks, and that an additional 29.7% were referred within four weeks. The majority of the referrals that were made more than 60 days after rejection were cases that had been rejected prior to the beginning of this project. Some local Selective Service boards went back to files of earlier rejections to make referrals. These cases were included in the study.

TABLE 11
NUMBER OF DAYS FROM DISQUALIFICATION TO REFERRAL

	—YEAR—							
	1		2		3		TOTAL	
DAYS	N	%	N	%	N	%	N	%
0-14	120	23.4	391	54.0	131	61.8	642	44.3
15-29	207	40.3	176	24.3	48	22.6	431	29.7
30-44	125	24.4	59	8.2	10	4.7	194	13.4
45-59	18	3.5	35	4.8	12	5.6	65	4.5
60-74	3	0.5	20	2.7	5	2.4	28	1.9
75-89	1	0.2	30	4.2	1	0.5	32	2.2
90 plus	40	7.7	13	1.8	5	2.4	58	4.0
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

The disposition of the cases of the 1,450 rejectees who were referred to this project is presented in Table 12. More than half of those referred (53.5%) did not respond to he several letters sent to them by the Counselor-Coordinator; consequently, these cases were classified as "Unable to Locate." Twenty-five and five-tenths percent (370) of the referrals seemed to have potential as V. R. clients and were accepted for diagnostic and evaluative services so that eligibility and feasibility might be determined. In 13.6% of the cases either the rejectee or the counselor did not feel that the rejectee needed V. R. services. Twenty-three (1.6%) of the referred individuals were already on an active V. R. caseload; therefore, it was not practical for them to be considered for services by the Project Counselor.

TABLE 12
DISPOSITION OF CASES REFERRED TO SELECTIVE SERVICE REJECTEE PROJECT

	—YEAR—							
	1		2		3		TOTAL	
CASE DISPOSITION	N	%	N	%	N	%	N	%
Death	1	0.2	0	0.0	0	0.0	1	0.1
Not Eligible	9	1.8	0	0.0	0	0.0	9	0.6
Services not Needed	124	24.1	71	9.8	3	1.4	198	13.6
Services Declined	6	1.2	29	4.0	11	5.2	46	3.2
Unable to Locate	223	43.4	466	64.4	87	41.0	776	53.5
V. R. Client	13	2.5	6	0.8	4	1.9	23	1.6
Other	6	1.2	12	1.7	9	4.3	27	1.9
Screened In	132	25.6	140	19.3	98	46.2	370	25.5
TOTAL	514	100.0	724	100.0	212	100.0	1450	100.0

There were 1,080 cases that were not screened into the project for diagnostic and evaluative services. Thirty-seven (3.4%) of this number were referred to other agencies or other V. R. personnel for further assistance. No referral action was taken on the remaining 1,043 cases.

As was shown in Table 12, 370 rejectees were processed into Phase II of the project for more thorough evaluation. Of those accepted for further evaluation, 347 (93.8%) actually followed through and received this evaluation.

The primary disabilities of the 347 rejectees who were evaluated are given in Table 13. Conditions not classified by the disability coding system used by the counselor (see Appendix B for this code) were responsible for the disqualification of 92 (21.5%) of the subjects. Examples of the conditions would include mental retardation or deficiency which resulted in the rejection of another 76 (21.9%) of the subjects. Visual impairments other than blindness (19.2%), the absence or amputation of one or both upper extremities (6.6%), and orthopedic deformities or impairments—except amputation—of upper and lower extremities and trunk (6.3%) were the other more frequent impairments.

TABLE 13
PRIMARY DISABILITIES OF REJECTEES WHO WEREEVALUATED FOR SERVICES

	—YEAR—							
	1		2		3		TOTAL	
MAJOR DISABILITY (Code)*	N	%	N	%	N	%	N	%
0	0	0.0	2	1.7	21	14.1	23	6.6
5	0	0.0	1	0.8	2	1.3	3	0.9
6	2	2.6	3	2.5	6	4.0	11	3.2
8	7	9.0	7	5.8	11	7.4	25	7.2
9	4	5.2	7	5.8	10	6.7	21	6.0
10	0	0.0	0	0.0	1	0.7	1	0.3
11	0	0.0	1	0.8	2	1.3	3	0.9
12	0	0.0	3	2.5	0	0.0	3	0.9
14	5	6.5	13	10.7	14	9.5	32	9.2
17	5	6.5	4	3.3	4	2.7	13	3.8
18	3	3.9	3	2.5	3	2.0	9	2.5
19	3	3.9	3	2.5	7	4.7	13	3.8
20	15	19.4	37	30.6	24	16.1	76	21.9
21	4	5.2	5	4.1	8	5.3	17	4.9
22	2	2.6	1	0.8	1	0.7	4	1.1
24	27	35.1	31	25.6	34	22.8	92	26.5
30	0	0.0	0	0.0	1	0.7	1	0.3
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

* See Appendix B for explanation of code.

Table 14 shows the secondary disabilities of the subjects who were evaluated. The amputation or absence on an upper extremity was the major secondary disability accounting for 273 (78.6%) of the secondary disabilities. Mental retardation or deficiency was the secondary disability of 28 (8.1%) of the subjects. Other impairments accounted for the remaining 13.3% of these subjects.

TABLE 14
SECONDARY DISABILITIES OF REJECTEES WHO WERE EVALUATED FOR SERVICES

	—YEAR—							
	1		2		3		TOTAL	
SECONDARY DISABILITY (Code)*	N	%	N	%	N	%	N	%
0	56	72.8	86	71.0	131	87.9	273	78.6
6	0	0.0	1	0.9	0	0.0	1	0.2
8	1	1.3	3	2.4	1	0.7	5	1.5
12	0	0.0	2	1.7	3	2.0	5	1.5
14	3	3.9	2	1.7	0	0.0	5	1.5
17	0	0.0	3	2.4	1	0.7	4	1.2
18	0	0.0	1	0.9	0	0.0	1	0.2
19	3	3.9	2	1.6	3	2.0	8	2.3
20	7	9.0	17	14.1	4	2.7	28	8.1
21	1	1.3	0	0.0	0	0.0	1	0.2
24	5	6.5	3	2.4	6	4.0	14	4.0
30	1	1.3	1	0.9	0	0.0	2	0.5
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

* See Appendix B for explanation of code.

Only three of the 347 rejectees were receiving public assistance at the time they were being evaluated. It is not known whether or not these three individuals were accepted as clients; however, none of the 112 clients was receiving public assistance at the time their cases were closed.

Beginning about half way through the first project year, the Revised Beta was administered to those rejectees who were in evaluation. The distribution of the scores for the subjects to whom this test was administered is shown in Table 15. Forty-one and two-tenths percent or 143 subjects were not tested because of the delay in initiating the use of this test. The modal score was in the 90-109 or average range. Only 9.5% of those evaluated scored in the above average range while 31.3% were in the below average range of scores. The fact that 31.3% scored in the below average range appears to confirm early data which gave mental retardation or deficiency as the primary or secondary impairment of 30.0% of the 347 individuals who were evaluated.

TABLE 15
REVISED BETA SCORES OF REJECTEES WHO WERE EVALUATED

	—YEAR—							
	1		2		3		TOTAL	
BETA SCORE	N	%	N	%	N	%	N	%
0-29	0	0.0	0	0.0	0	0.0	0	0.0
30-49	0	0.0	3	2.5	1	0.7	4	1.2
50-69	4	5.2	9	7.5	9	6.1	22	6.3
70-79	10	13.0	21	17.4	11	7.3	42	12.1
80-89	13	16.9	14	11.5	17	11.4	44	12.7
90-109	14	18.2	22	18.1	23	15.4	59	17.0
110-119	1	1.3	10	8.3	9	6.1	20	5.8
120-129	2	2.6	3	2.5	7	4.7	12	3.5
130 +	0	0.0	0	0.0	1	0.7	1	0.2
Not Tested	33	42.8	39	32.2	71	47.6	143	41.2
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

The reading sub-test of the Wide Range Achievement Test was administered to all of the 347 subjects who were evaluated. Table 16 shows that 198 persons (57.0%) were reading at the college sophomore level or above. However, according to this test, only 11.9% of the subjects were reading at below the fifth grade level. Certainly there are obvious discrepancies between these reading levels and earlier data from both the AFQT and Revised Beta which classified almost one-third of these subjects as mentally retarded or deficient.

TABLE 16
WIDE RANGE ACHIEVEMENT TEST READING GRADE LEVEL OF REJECTEES WHO WERE EVALUATED

	—YEAR—							
	1		2		3		TOTAL	
READING GRADE LEVEL	N	%	N	%	N	%	N	%
0-1.9	5	6.5	3	2.5	4	2.7	12	3.5
2.0-4.9	7	9.0	14	11.6	8	5.4	29	8.4
5.0-7.9	12	15.6	19	15.7	13	8.7	44	12.7
8.0-10.9	12	15.6	18	14.9	9	6.0	39	11.2
11.0-13.9	6	7.8	9	7.4	10	6.7	25	7.2
14.0 plus	35	45.5	58	47.9	105	70.5	198	57.0
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

In light of the reputations enjoyed by the Revised Beta and the AFQT, the discrepancy between the scores earned by the rejectees on these instruments and the Wide Range Reading Test suggests that some reasonable doubt can be raised concerning these latter scores.

The length of time between leaving school and rejection for military duty and subsequent referral to the project ranged from three months or less to four years or more (Table 17). Since the modal age at referral was 20 years (Table 3), and since the age of males at graduation from high school is approximately 18 years, one would expect a large percentage of referrals to be made within 24 months after leaving school. Fifty-two and eight-tenths percent (52.8%) of those referred and evaluated had been out of school 24 months or less. The fact that 47.2% of those evaluated were not referred for more than 24 months can be attributed to several factors: (1) almost half of the rejectees who were referred initially—1,450—had less than a high school education; (2) over 100 of the initial referrals were 23 to 27 years of age; and (3) numerous individuals had been rejected prior to the beginning of this project. Each of these factors would increase the time lapse between leaving school and referral.

TABLE 17

NUMBER OF MONTHS BETWEEN LEAVING SCHOOL AND REFERRAL

	—YEAR—							
	1		2		3		TOTAL	
NUMBER MONTHS	N	%	N	%	N	%	N	%
0-3	10	13.0	16	13.2	41	27.5	67	19.3
4-6	1	1.3	12	9.9	17	11.4	30	8.7
7-9	2	2.6	7	5.8	8	5.4	17	4.9
10-12	3	3.9	4	3.3	10	6.7	17	4.9
13-15	3	3.9	3	2.5	6	4.0	12	3.4
16-18	1	1.3	10	8.3	9	6.0	20	5.8
19-21	1	1.3	2	1.7	0	0.0	3	0.9
22-24	7	9.1	7	5.8	3	2.0	17	4.9
25-30	12	15.6	12	9.9	14	9.4	38	10.9
31-36	5	6.5	4	3.3	6	4.0	15	4.3
37-42	4	5.2	9	7.4	7	4.7	20	5.8
43-48	5	6.4	2	1.7	5	3.4	12	3.4
49 plus	23	29.8	33	27.2	23	15.5	79	22.8
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

Number of months employed prior to referral is shown in Table 18. The number of months ranged from three or less to 49 or more. The length of time employed is roughly comparable to the number of months from leaving school to referral as shown in the preceding table. However, Table 18 does reflect the fact that almost two-thirds (63.6%) of the referred individuals had been employed for two years or less. Based on the information in Table 17, it would appear that a significant number of rejectees who were evaluated had experienced periods of unemployment.

TABLE 18
NUMBER OF MONTHS EMPLOYED PRIOR TO SELECTIVE SERVICE EXAMINATION

	—YEAR—							
	1		2		3		TOTAL	
NUMBER MONTHS	N	%	N	%	N	%	N	%
0-3	15	19.5	23	19.0	47	31.5	85	24.5
4-6	4	5.3	11	9.1	16	10.7	31	8.9
7-9	3	3.9	4	3.3	7	4.7	14	4.0
10-12	7	9.1	8	6.6	11	7.3	26	7.5
13-15	2	2.6	7	5.8	7	4.7	16	4.6
16-18	4	5.3	5	4.1	4	2.7	13	3.8
19-21	2	2.5	9	7.4	6	4.1	17	4.8
22-24	9	11.7	7	5.8	3	2.0	19	5.5
25-30	5	6.4	11	9.1	14	9.4	30	8.7
31-36	5	6.4	1	0.8	5	3.4	11	3.2
37-42	1	1.3	6	5.0	7	4.7	14	4.0
43-48	4	5.3	6	5.0	6	4.1	16	4.6
49 plus	16	20.7	23	19.0	16	10.7	55	15.9
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

When the number of jobs held by each of the individuals prior to referral and evaluation was tabulated (Table 19), it was found that 16.4% had not been employed. More than one-third of the 347 subjects evaluated had held only one job, 26.2% had been employed on two different jobs, 17.2% reported working for three different employers, and the remaining 5.0% had held from four to nine different jobs.

TABLE 19
NUMBER OF JOBS HELD BY REJECTEES PRIOR TO SELECTIVE SERVICE EXAMINATION

	—YEAR—							
	1		2		3		TOTAL	
NUMBER OF JOBS HELD	N	%	N	%	N	%	N	%
0	8	10.5	14	11.6	35	23.5	57	16.4
1	33	42.8	44	36.4	45	30.2	122	35.2
2	27	35.1	26	21.5	38	25.5	91	26.2
3	7	9.0	27	22.3	26	17.5	60	17.2
4	2	2.6	5	4.1	3	2.0	10	2.9
5	0	0.0	2	1.6	0	0.0	2	0.6
6	0	0.0	1	0.9	0	0.0	1	0.3
7	0	0.0	0	0.0	2	1.3	2	0.6
8	0	0.0	0	0.0	0	0.0	0	0.0
9	0	0.0	2	1.6	0	0.0	2	0.6
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

The employment status of the subjects at the time of referral indicated that almost half (48.9%) were employed full time; 7.5% were employed part-time; slightly more than one-third (36.0%) were unemployed and actively seeking work; 7.0% were full-time students; and only two individuals (0.6%) of the 347 reported that they were unemployed and not looking for employment (Table 20).

TABLE 20
WORK STATUS OF REJECTEES WHO WERE EVALUATED FOR SERVICE

	—YEAR—							
	1		2		3		TOTAL	
WORK STATUS	N	%	N	%	N	%	N	%
Unemployed, not actively seeking work, not a student	0	0.0	1	0.8	1	0.6	2	0.6
Unemployed, actively seeking work, not a student	26	33.8	42	34.7	57	38.3	125	36.0
Employed full time	44	57.2	65	53.7	61	41.0	170	48.9
Employed part time	7	9.0	6	5.0	13	8.7	26	7.5
Student	0	0.0	7	5.8	17	11.4	24	7.0
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

During the period of evaluation the most prevalent type of diagnostic service was the medical examination. Figures in Table 21 indicate that 157 (45.3%) of those evaluated received only a medical examination, 50 (14.5%) received medical and psychological evaluation, and 40 (11.6%) received evaluations from a physician and a social worker. Surprisingly, 63 (18.2%) of those evaluated received no diagnostic services beyond those provided by the Counselor-Coordinator. In only 15 of the 347 cases evaluated, were any evaluation or diagnostic facilities used (Table 22). Nine of the 15 were referred to either a workshop, a comprehensive rehabilitation center, or a specialty clinic or center. The remaining six of the 15 were referred to other miscellaneous diagnostic facilities.

TABLE 21
DIAGNOSTIC SERVICES GIVEN REJECTEES DURING EVALUATION

	—YEAR—							
	1		2		3		TOTAL	
SERVICES	N	%	N	%	N	%	N	%
None	15	19.4	23	19.0	25	16.8	63	18.2
Medical	33	42.9	62	51.3	62	41.6	157	45.3
Psychological	1	1.3	4	3.3	0	0.0	5	1.5
Medical and Psychological	24	31.2	23	19.0	3	2.0	50	14.5
Social	0	0.0	0	0.0	18	12.0	18	5.2
Medical & Social	0	0.0	7	5.8	33	22.2	40	11.6
Medical, Psychological & Social	0	0.0	2	1.6	7	4.7	9	2.7
Medical and Vocational	1	1.3	0	0.0	0	0.0	1	0.2
Medical, Psychological & Vocational	1	1.3	0	0.0	0	0.0	1	0.2
Medical, Psychological, Social & Vocational	0	0.0	0	0.0	1	0.7	1	0.2
Medical & Prosthetics	1	1.3	0	0.0	0	0.0	1	0.2
Medical, Psychological, Speech & Hearing	1	1.3	0	0.0	0	0.0	1	0.2
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

TABLE 22
DIAGNOSTIC FACILITIES USED FOR EVALUATION OF REJECTEES

	—YEAR—							
	1		2		3		TOTAL	
FACILITY	N	%	N	%	N	%	N	%
None	70	90.9	116	95.9	146	98.2	332	95.7
Workshop	1	1.3	2	1.7	1	0.6	4	1.2
Workshop and Comprehensive Rehab. Center	0	0.0	0	0.0	1	0.6	1	0.2
Specialty Clinic or Center	2	2.6	2	1.6	0	0.0	4	1.2
Other	4	5.2	1	0.8	1	0.6	6	1.7
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

Counseling services for individuals were provided by the Counselor-Coordinator in 54.2%) of the cases (Table 23). Eighty-eight (25.3%) of those in evaluation received counseling from a social worker, and 15.0% were seen by a psychologist, with the exception of one individual who was seen only by a psychiatrist. The remaining 5.5% received counseling services from more than one professional person.

TABLE 23
COUNSELING SERVICES PROVIDED OTHER THAN VOCATIONAL REHABILITATION

	—YEAR—							
	1		2		3		TOTAL	
COUNSELING SERVICES	N	%	N	%	N	%	N	%
None	49	63.6	79	65.2	60	40.3	188	54.2
Psychologist	25	32.5	24	19.9	3	2.0	52	15.0
Psychiatrist	0	0.0	0	0.0	1	0.7	1	0.3
Social Worker	1	1.3	16	13.2	71	47.6	88	25.3
Psychologist and Social Worker	0	0.0	2	1.7	7	4.7	9	2.6
Psychiatrist and Social Worker	0	0.0	0	0.0	5	3.4	5	1.4
Psychologist, Psychiatrist, and Social Worker	1	1.3	0	0.0	0	0.0	1	0.3
Psychologist and Other Person not Listed Above	1	1.3	0	0.0	0	0.0	1	0.3
Psychologist, Social Worker and Other Person not Listed Above	0	0.0	0	0.0	2	1.3	2	0.6
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

Other than counseling which was provided by the Counselor-Cordinator or another professional person, the most frequently needed single service was physical restoration (Table 24) Fifty-eight rejectees (16.6%) needed physical restoration. Forty-four (12.7%) of the 347 persons evaluated needed training only and 43 (12.4%) needed placement only. No service other than counseling was required by 53 (15.2%) of the rejectees who were evaluated. The remainder of the group (43.1%) required other services or combinations of services such as transportation, maintenance, supplies and equipment, and psychiatric treatment.

TABLE 24

SERVICES NEEDED BY REJECTEES WHO WERE IN EVALUATION

SERVICES NEEDED	—YEAR— 1 N	1 %	2 N	2 %	3 N	3 %	TOTAL N	TOTAL %
None	24	31.2	9	7.4	20	13.4	53	15.2
Physical Restoration	8	10.4	21	17.4	29	19.5	58	16.6
Psychiatric Treatment	0	0.0	3	2.5	2	1.3	5	1.4
Physical Restoration and Psychiatric Treatment	0	0.0	1	0.9	0	0.0	1	0.3
Training	0	0.0	15	12.4	29	19.5	44	12.7
Physical Restoration and Training	0	0.0	4	3.3	7	4.7	11	3.2
Psychiatric Treatment and Training	0	0.0	1	0.9	2	1.3	3	0.9
Maintenance	0	0.0	0	0.0	1	0.7	1	0.3
Physical Restoration and Maintenance	0	0.0	1	0.9	0	0.0	1	0.3
Training and Maintenance	0	0.0	3	2.5	0	0.0	3	0.9
Psychiatric Treatment, Training, and Maintenance	0	0.0	0	0.0	2	1.3	2	0.6
Physical Restoration and Transportation	0	0.0	1	0.9	0	0.0	1	0.3
Training, Supplies, and Equipment	0	0.0	1	0.9	3	2.0	4	1.2
Training, Maintenance, Supplies, and Equipment	2	2.6	0	0.0	8	5.4	10	2.8
Training, Maintenance, Transportation, Supplies and Equipment	0	0.0	2	1.7	0	0.0	2	0.6
Physical Restoration, Training, Maintenance, Transportation, Supplies and Equipment	0	0.0	0	0.0	1	0.7	1	0.3
Placement	6	7.8	14	11.7	23	15.4	43	12.4
Physical Restoration and Placement	4	5.2	5	4.1	9	6.0	18	5.2
Training and Placement	17	22.1	8	6.6	7	4.7	32	9.2
Physical Restoration, Training, and Placement	3	3.9	3	2.5	0	0.0	6	1.7
Training, Maintenance, and Placement	0	0.0	4	3.3	1	0.7	5	1.4
Physical Restoration, Training, Maintenance, & Placement	2	2.6	0	0.9	0	0.0	1	0.3
Training, Supplies, Equipment, and Placement	1	1.3	2	1.7	0	0.0	3	0.9
Training, Supplies & Equipment, Maintenance, and Placement	6	7.7	3	2.5	2	1.3	11	3.2

(Continued)

TABLE 24—(Continued)

Physical Restoration, Training, Supplies and Equipment, Maintenance & Placement	2	2.6	0	0.0	0	0.0	2	0.6
Physical Restoration, Transportation, Supplies & Equipment, & Placement	0	0.0	1	0.9	0	0.0	1	0.3
Psychiatric Treatment, Transportation, Supplies & Equipment, & Placement	1	1.3	2	1.7	0	0.0	3	0.9
Training, Supplies & Equipment, Transportation, & Placement	0	0.0	0	0.0	1	0.7	1	0.3
Training, Supplies, & Equipment, Maintenance, Transportation, & Placement	2	2.6	7	5.8	1	0.7	10	2.8
Physical Restoration, Training, Supplies & Equipment, Maintenance, Transportation, & Placement	1	1.3	8	6.6	1	0.7	11	3.2
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

When evaluation of the 347 rejectees had been completed, 165 (47.5%) were accepted as V. R. clients (Table 25). Ninety-seven (27.9%) of those evaluated were closed due to a lack of motivation on the part of the client. These clients repeatedly failed to keep appointments with the Counselor-Cordinator, physician, or some other professional, and appeared to be unable or unwilling to become involved in their own rehabilitation. Fifty-six cases (16.1%) were not accepted for services for reasons other than those shown in Table 25. The project staff were encouraged by the fact that only two of the 347 individuals evaluated were too severely disabled to benefit from V. R. services.

TABLE 25
DISPOSITION OF CASES OF REJECTEES WHO WERE EVALUATED

	—YEAR—							
	1		2		3		TOTAL	
DISPOSITION	N	%	N	%	N	%	N	%
Closed—Employed	4	5.2	0	0.0	4	2.7	8	2.3
Closed—Moved	0	0.0	0	0.0	6	4.0	6	1.8
Closed—Declined Services	2	2.6	8	6.6	3	2.0	13	3.8
Closed—Lack of Motivation	20	25.9	34	28.1	43	28.8	97	27.9
Closed—Disability too Severe	0	0.0	2	1.7	0	0.0	2	0.6
Closed—Other	9	11.7	7	5.8	40	26.9	56	16.1
Accepted for Services	42	54.6	70	57.8	53	35.6	165	47.5
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

The time which elapsed between the referral of a rejectee who was evaluated and his acceptance or closure was slightly more than three months in most instances (Table 26). Disposition of these cases would have occurred more quickly if diagnostic and evaluative services which were purchased from other professions could have been scheduled without delays. Disposition of 12.4% occurred within one month, and another 14.1% were accepted or closed during the second month following referral.

TABLE 26
NUMBER OF DAYS FROM REFERRAL TO ACCEPTANCE OR CLOSURE

	—YEAR—							
	1		2		3		TOTAL	
NUMBER OF DAYS	N	%	N	%	N	%	N	%
0-9	1	1.3	4	3.3	10	6.7	15	4.3
10-19	2	2.6	7	5.8	2	1.3	11	3.2
20-29	0	0.0	9	7.4	8	5.4	17	4.9
30-39	7	9.1	12	9.9	9	6.0	28	8.1
40-49	6	7.8	4	3.3	6	4.2	16	4.6
50-59	2	2.6	0	0.0	3	2.0	5	1.4
60-69	9	11.7	13	10.7	3	2.0	25	7.2
70-79	1	1.3	2	1.7	2	1.3	5	1.4
80-89	1	1.3	0	0.0	2	1.3	3	0.9
90-99	48	62.3	70	57.9	104	69.8	222	64.0
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

The cost of providing the diagnostic services for the 347 rejectees who were evaluated was $100 or less in 339 (97.7%) of the cases (Table 27). A substantial number of these required no expenditures. Six (1.7%) of those evaluated required diagnostic services which cost between $101 and $250. Only two cases required the expenditure of more than $250 for diagnostic services.

TABLE 27
COST OF DIAGNOSTIC SERVICES PROVIDED DURING EVALUATION

	—YEAR—							
	1		2		3		TOTAL	
COST	N	%	N	%	N	%	N	%
$000 - $100	74	96.1	118	97.5	147	98.6	339	97.7
$101 - $250	3	3.9	2	1.7	1	0.7	6	1.7
$251 - $500	0	0.0	1	0.8	1	0.7	2	0.6
TOTAL	77	100.0	121	100.0	149	100.0	347	100.0

As was shown in Table 25, 165 of the 347 rejectees who were evaluated were accepted for services. Only 112 (68%) of this group decided to accept the services which could have been provided.

The services provided those who were willing to accept V. R. services included: counseling, training, physical restoration, and supplemental services.

Data in Table 28 indicates that counseling for the clients who were accepted for services was most frequently provided by the Counselor-Coordinator. This was true in 43.7% of the cases. Psychologist and social workers provided counseling to 26.8% and 25.0% of these cases respectively. The remaining five clients were given counseling by more than one professional person. In no instance did the cost of counseling services which were purchased exceed $100.

TABLE 28
COUNSELING SERVICES GIVEN REJECTEE-CLIENTS

	—YEAR—							
	1		2		3		TOTAL	
SERVICES	N	%	N	%	N	%	N	%
None	4	100.0	14	45.1	31	40.3	49	43.7
Psychologist	0	0.0	15	48.3	15	19.4	30	26.8
Social Worker	0	0.0	1	3.3	27	35.2	28	25.0
Psychiatrist and Social Worker	0	0.0	0	0.0	2	2.5	2	1.8
Psychiatrist and Social Worker	0	0.0	0	0.0	1	1.3	1	0.9
Psychologist and Person Other Than Above	0	0.0	1	3.3	0	0.0	1	0.9
Psychologist, Psychiatrist & Other Person	0	0.0	0	0.0	1	1.3	1	0.9
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

Training was provided for 33 (29.5%) of the 112 clients. Table 29 shows the type training facility used. Twelve persons (10.7%) were sent to trade schools, and 14 (12.5%) were provided college training.

TABLE 29
MAJOR TYPE OF TRAINING FACILITY USED BY REJECTEE-CLIENTS

	—YEAR—							
	1		2		3		TOTAL	
FACILITY	N	%	N	%	N	%	N	%
Trade School	0	0.0	3	9.7	9	11.7	12	10.7
Technical School	0	0.0	1	3.2	0	0.0	1	0.9
Business School	0	0.0	0	0.0	1	1.3	1	0.9
College	0	0.0	4	12.9	10	13.0	14	12.5
On-Job Training	0	0.0	0	0.0	2	2.5	2	1.8
Workshop	0	0.0	0	0.0	1	1.3	1	0.9
Rehab. Center	0	0.0	0	0.0	2	2.5	2	1.8
None	4	100.0	23	74.2	52	67.7	79	70.5
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

The other training facilities were used for only one or two individuals. No training was required by 79 (70.5%) of these clients. The cost of the training provided the 33 clients varied from $100 or less for 14 (12.5%) of the cases to $500 or more for five (4.5%) of them (Table 30). This grouped data for cost of services included no cost in the same category with a cost of $100 or less.

TABLE 30
COST OF TRAINING SERVICES PROVIDED REJECTEE-CLIENTS

	—YEAR—							
	1		2		3		TOTAL	
COST	N	%	N	%	N	%	N	%
$00 - 100	4	100.0	25	80.6	67	87.0	96	85.7
101 - 250	0	0.0	1	3.3	3	3.8	4	3.5
251 - 500	0	0.0	4	12.9	3	3.8	7	6.3
501 - 1000	0	0.0	1	3.2	4	5.2	5	4.5
1001 - 1500	0	0.0	0	0.0	0	0.0	0	0.0
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

Physical restoration was needed by 55 (40.2%) of the rejectees who received services (Table 31). Surgery and hospital care was the most common type of physical restoration. This was provided for 17 (15.2%) of the 112 clients. An additional nine (8%) of the clients received treatment in conjunction with surgery and hospitalization. For 10 clients (8.9%) treatment alone was needed. Nine clients were provided prostheses, and five of these required one or more other physical restoration services.

TABLE 31
PHYSICAL RESTORATION SERVICES GIVEN REJECTEE-CLIENTS

	—YEAR—							
	1		2		3		TOTAL	
SERVICES	N	%	N	%	N	%	N	%
None	0	0.0	16	51.6	51	66.3	67	59.8
Treatment	0	0.0	3	9.6	7	9.0	10	8.9
Surgery and Hospital	3	75.0	4	12.9	10	13.0	17	15.2
Treatment, Hospital, & Surgery	1	25.0	4	12.9	4	5.2	9	8.0
Prostheses	0	0.0	2	6.5	3	3.8	5	4.5
Treatment & Prosthetics	0	0.0	2	6.5	1	1.3	3	2.7
Surgery, Hospital, and Prosthetics	0	0.0	0	0.0	1	1.3	1	0.9
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

The cost of physical restoration exceeded $250 for only nine clients (Table 32). For eight of these nine the cost was $500 or less, and the ninth client required an expenditure of between $1,000 and $1,500. The remaining 26 cases required an expenditure of $100 or less.

TABLE 32
COST OF PHYSICAL RESTORATION SERVICES

	—YEAR—							
	1		2		3		TOTAL	
COST	N	%	N	%	N	%	N	%
$00 - 100	0	0.0	23	74.2	60	77.9	83	74.1
101 - 250	4	100.0	7	22.5	9	11.7	20	17.8
251 - 500	0	0.0	1	3.3	7	9.1	8	7.2
501 - 1000	0	0.0	0	0.0	0	0.0	0	0.0
1001 - 1500	0	0.0	0	0.0	1	1.3	1	0.9
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

Supplemental services such as placement, maintenance, transportation, and licenses were provided for 62 (64.3%) of the rejectee-clients. Twenty-six (23.2%) needed placement only and seven (6.3%) received placement in conjunction with maintenance, transportation, and/or licenses. Four rejectee-clients were in need of maintenance only, and 24 (21.4%) received maintenance in addition to one or more of the other suuplemental services. Nineteen (16.9%) of the rejectee-clients received a supplemental service which was not specified (Table 33).

TABLE 33
OTHER SUPPLEMENTAL SERVICES PROVIDED REJECTEE-CLIENTS

	—YEAR—							
	1		2		3		TOTAL	
SERVICES	N	%	N	%	N	%	N	%
Maintenance	0	0.0	1	3.3	3	3.9	4	3.5
Maintenance & Transportation	0	0.0	0	0.0	3	3.9	3	2.7
Maintenance, Transportation, & Licenses	0	0.0	1	3.3	1	1.3	2	1.8
Placement	2	50.0	8	25.8	16	20.7	26	23.2
Maintenance & Placement	0	0.0	0	0.0	3	3.9	3	2.7
Maintenance, Transportation, & Placement	0	0.0	0	0.0	2	2.6	2	1.8
Maintenance, Licenses, & Placement	0	0.0	1	3.3	0	0.0	1	0.9
Maintenance, Transportation, Licenses, and Placement	0	0.0	0	0.0	1	1.3	1	0.9
Other	0	0.0	11	35.3	8	10.4	19	16.9
Maintenance, Transportation, and Other	0	0.0	2	6.4	2	2.6	4	3.5
Maintenance, Transportation, Licenses & Other	0	0.0	1	3.3	0	0.0	1	0.9
Placement & Other	0	0.0	2	6.4	1	1.3	3	2.7
Maintenance, Transportation, Placement & Other	0	0.0	1	3.3	2	2.6	3	2.7
None	2	50.0	3	9.6	34	44.2	40	35.7
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

The cost of supplemental services which were provided ranged from $100 or less for 42 (37.5%) individuals to more than $500 for nine (8.0%) of them (Table 34). Fifty clients who required no expenditure of funds for supplemental services were included in the 92 (82.2%) of the rejectee-clients on whom $100 or less was spent.

TABLE 34
COST OF OTHER SUPPLEMENTAL SERVICES PROVIDED REJECTEE-CLIENTS

	—YEAR—							
	1		2		3		TOTAL	
COST	N	%	N	%	N	%	N	%
$00 - 100	4	100.0	23	74.1	65	84.5	92	82.2
101 - 250	0	0.0	2	6.5	3	3.9	5	4.5
251 - 500	0	0.0	3	9.7	3	3.9	6	5.3
501 - 1000	0	0.0	3	9.7	6	7.7	9	8.0
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

The total cost of all services provided for rejectee-clients is shown in Table 35. In more than half of the cases (52.7%) $100 or less was expended. A number of these 59 cases were provided a service such as counseling or placement for which no direct cost could be charged. Twenty-one individuals (18.8%) needed services which cost between $101 and $250. On 11 (9.8%) $251 to $500 was spent, and on 14 (12.5%) $501 to $1,000 was spent. In only seven cases (6.2%) did the cost of all services exceed $1,000.

TABLE 35
TOTAL COST OF ALL SERVICES PROVIDED REJECTEE-CLIENTS

	—YEAR—							
	1		2		3		TOTAL	
TOTAL COST	N	%	N	%	N	%	N	%
$00 - 100	0	0.0	16	51.6	43	55.8	59	52.7
101 - 250	4	100.0	7	22.6	10	13.0	21	18.8
251 - 500	0	0.0	1	3.2	10	13.0	11	9.8
500 - 1000	0	0.0	4	12.0	10	13.0	14	12.5
1001 - 1500	0	0.0	3	9.7	4	5.2	7	6.2
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

The 112 clients who elected to receive V. R. services included 56 Caucasians and 56 Negroes (Table 36). In Table 37, the data reveals that ninety-five (84.8%) of this 112 were employed in the competitive labor market when their cases were closed, and two (1.8%) others were full-time students who were rehabilitated. In 15 or 13.4% of the cases, rejectee-clients were closed as unemployed not rehabilitated. Ninety-seven successfully rehabilitated clients represents a rather small percent (6.1%) of successes from the total group of 1,450 referrals; however, when the fact that only 165 of the original 1,450 referrals were acceptable as V. R. clients is considered the legitimate success rate becomes 58.7%.

TABLE 36
RACE OF REHABILITATED REJECTEE-CLIENTS

	—YEAR—							
	1		2		3		TOTAL	
RACE	N	%	N	%	N	%	N	%
White	2	50.0	14	45.2	40	51.9	56	50.0
Negro	2	50.0	17	54.8	37	48.1	56	50.0
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

TABLE 37
EMPLOYMENT STATUS OF REJECTEE-CLIENT AT CLOSURE

	—YEAR—							
	1		2		3		TOTAL	
STATUS	N	%	N	%	N	%	N	%
Competitive Labor Market	4	100.0	31	100.0	60	77.9	95	84.8
Student (Rehabilitated)	0	0.0	0	0.0	2	2.6	2	1.8
Unemployed (Not Rehabilitated)	0	0.0	0	0.0	15	19.5	15	13.4
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

A relatively short period of time elapsed between acceptance and closure of the 112 rejectees who elected to accept V. R. services (Table 38). Within six months or less 37 (33.1%) were closed and another 41 (36.6%) were closed within a year of acceptance. Twenty-six (23.2%) of these clients required from 13 to 18 months to reach closure, and seven (6.2%) required between 19 and 24 months. Only one client remained in active status for more than two years. It would appear that the rehabilitation of selective service rejectees does not require a significantly longer period of time than that required by a general caseload.

TABLE 38
NUMBER OF MONTHS FROM ACCEPTANCE TO CLOSURE OF REJECTEE-CLIENTS

	—YEAR—							
	1		2		3		TOTAL	
MONTHS	N	%	N	%	N	%	N	%
0- 3	0	0.0	6	19.4	1	1.3	7	6.3
4- 6	4	100.0	11	35.5	15	19.5	30	26.8
7- 9	0	0.0	5	16.1	11	14.3	16	14.3
10-12	0	0.0	2	6.4	23	29.8	25	22.3
13-15	0	0.0	2	6.4	12	15.6	14	12.5
16-18	0	0.0	4	12.9	8	10.4	12	10.7
19-21	0	0.0	1	3.3	2	2.6	3	2.7
22-24	0	0.0	0	0.0	4	5.2	4	3.5
25-30	0	0.0	0	0.0	1	1.3	1	0.9
TOTAL	4	100.0	31	100.0	77	100.0	112	100.0

Discussion

Throughout the term of the project it became increasingly apparent that certain additional provisions would have to be made if the objectives of the project were to be fully realized. The first of these provisions was acknowledged in the introductory remarks under Staff Personnel (see p. 9).

As the caseload and scope of the activities of the Counselor-Coordinator were expanded, it was obvious that additional personnel were needed to provide the services that the project was designed to provide. Therefore, during the second year of the project a steno-clerk, social worker, and machine operator were employed on a parttime basis. For the third and final year of the project the time the parttime steno-clerk was to devote to the project was increased from 14 to 50%.

Even with these additional personnel assigned to the project, it was impossible to serve adequately all rejectees who were eligible for initial screening. For example, more than half of those referred (53.5%) did not respond to the several letters sent to them by the Counselor-Coordinator. Consequently, they were classified as "Unable to Locate" (see Table 12).

It was assumed, however, that the rejectees did receive the letters since they were not returned to the Counselor-Cordinator as not having been delivered. It was at this critical point in the initial stage of the project that personnel should have been available to make personal contacts with those who did not respond to the letter so that the objectives of the project could have been explained in detail. After this personal contact a more nearly accurate determination of the disposition of the case could have been made. The designation "Unable to Locate" is at best a poor compromise for not providing a staff large enough to meet the demands of the total project.

With a response of less than fifty percent some serious questions arise concerning the project. The most pressing of these questions deals with the reasons some rejectees responded while other did not. What were the demographic characteristics of those who responded and those who did not (including the race to which they belonged)? Was the use of a letter too impersonal an approach? Would the ratio of cases screened-in and subsequently closed been higher had the rejectees been contacted personally?

To speculate further on this point will not change the results of this study. It must be emphasized, however, that the results do represent a somewhat less adequate picture of the possibilities that the project could have yielded had a staff been provided that could have met more fully the objectives of the project.

A second provision that would have made the project more meaningful deals with the collection, organization, and statistical treatment of the data. Although rigid checks were made to assure that all data were accurate and reliable, there were a few instances in which voids appeared in the data. One of the most glaring dealt with the absence of the race of the initial rejectees. Because of the socio-economic differences that may be assumed to exist between the Caucasian and Negro rejectees in this five-county area, it is apparent that a significant factor has not been included in the data.

The inclusion of this data would have provided information as to the proportion of rejectees by race; the proportion of rejectees by race who respond to the initial contact; and the proportion of rejectees by race with specific kinds of disabilities. The only data in the study that is presented by race is that dealing with the number who elected to receive V. R. services. Although this data shows that 56 Caucasions and 56 Negroes, exactly one-half of the 112 cases, availed themselves of V. R. services, there is no data showing the race of the 1,450 rejectees deemed eligible for screening or the race of the 347 rejectees who were eventually screened-in.

There is some reason to feel that the perception a member of a given race has of a governmental agency or of an agency which may appear to be related to the Selective Service Board will influence his decision to involve himself with the agency. This presents an interesting hypothesis and may provide the basis for a subsequent study.

Another significant void in the data deals with the reasons that eligible rejectees decided not to avail themselves of the services. A total of 46 (3.2%) of the rejectees declined V. R. services while a total of 198 (13.6%) indicated that V. R. services were not needed.

The question may be raised at this point as to whether or not the rejectees actually saw any difference between their need for V. R. services and their option to decline the services. Referring again to the problem of adequate personnel, it may be speculated that had personnel been available to explain the project in detail that a greater proportion of the rejectees would have participated in the project.

Certain aspects of the data were also distorted because of the inclusion of men who were designated as rejectees prior to initiation of the project. The local Selective Service boards went back in their files and made referrals. By including these cases in the variable of number of days from disqualification to referral (Table 11), it appears as though some cases were not contacted immediately when, in fact, they were contacted as soon as the project was initiated. This same factor is demonstrated in the age of the rejectees at the time of disqualification (Table 3). For some of these men, five years had passed between the time they were rejected for military service and the time of disqualification for V. R. services.

During the first year of the project 514 rejectees were contacted, 77 (15.0%) were screened-in, and 4 (0.8%) were provided V. R. services. During the second year 724 rejectees were contacted, 121 (16.7%) were screened-in, and 31 (4.4%) were provided V. R. services; and during the third year 212 rejectees were contacted, 149 (70.3%) were screened-in, and 77 (36.3%) were provided V. R. services. Two factors were probably responsible for this marked improvement over the two preceding years: (1) the Counselor-Coordinator was more effective as a result of his earlier experiences with rejectees, and (2) there were only 212 rejectees in the third year of the project as compared to 514 in the first year and 724 in the second year; consequently, the counselor had a more manageable caseload and more time to identify the individual rejectee's potential to benefit from V. R. services.

There is some question in the various phases of the study as to what percentage of the rejectees were classified as mental deficient. One instrument indicated that 36.7% of those tested were classified as mentally deficient and unsuitable for military duty. Another instrument indicated that only 11.9% of the subjects were reading at below the fifth grade level and therefore, classifiable as mentally retarded or deficient. Because of these

discrepancies found between scores yielded by the various instruments administered to determine the mental ability of the rejectees, further planning should be conducted so that only one instrument will be used for this purpose.

The data presented on Tables 21, 22, 23, and 28 clearly establishes the fact that the primary services provided these rejectees were those counseling services offered by the Counselor-Coordinator for the project. The classification NONE implies that the rejectee receive no services other than those provided while in contact with the Counselor-Coordinator.

In the case of diagnostic services it would seem that if medical, social, and psychological services were provided—in addition to the contact with the Counselor-Coordinator—about ninety percent of all rejectees could be served (Table 21). This being the case it would therefore follow that similar projects could be established and function effectively in other localities in which these four basic services are available. This fact is brought out rather pointedly in Table 22 where 95.7% of all rejectees are grouped under NONE with respect to the type of diagnostic facility used for the evaluation of these rejectees.

When the kinds of counseling services are reviewed, the classification NONE—indicating contact only with the Counselor-Coordinator—and social worker account for nearly eight out of ten (79.5%) of the total cases (Table 23). This provides additional evidence to indicate that a wide variety of services is not absolutely necessary to the successful implementation of such a project.

The intangibles in any study make an accurate and complete evaluation difficult. The statistic in this study that seems to be most difficult to explain is found on Table 25. Of the 347 rejectees who were evaluated, 97 (27.9%) of them were closed because of "lack of motivation." This classification is somewhat vague, but it does show that even though V. R. services were offered to these rejectees they did not display enough interest to follow through after initial contact was made.

There may be several factors at work at this point. First, the rejectee may not have understood what was expected of him and therefore, did not keep his appointments or respond to the correspondence for that reason. Secondly, he may not have been able to meet his commitments and decided not to involve himself at all. Third, and perhaps most significantly, the rejectee may not have involved himself in the project because of the lack of an adequate project staff to maintain contact and to keep him adequately informed. A lower counselor-client ratio may have done much to reduce the classification, "closed—lack of motivation."

Another intangible in this study does not demonstrate itself at any one point, but pervades the entire study. The stated purposes of the project were to explain to the rejectees the program of services available through V. R. and to encourage them to avail themselves of the various services. The project does not state that V. R. services will be provided so that some rejectees may subsequently become eligible for military duty. However, the question arises concerning those rejectees who do not want to avail themselves of V. R. services for fear of perhaps becoming eligible for military duty. This hypothesis may also help explain why the large number of rejectees (53.5%) failed to answer the several letters sent to them by the Counselor-Coordinator. In future projects of this kind the rejectee's future draft status should be clearly defined with respect to acceptance of V. R. services.

The results of the project indicate that in terms of expenditures for services the cost is nominal. In reviewing the total cost of all services provided rejectee-clients, over half (52.7%) involved an expenditure of less than $100. Some of these cases involved no expenditure of funds. But since exact figures are not now available, it is impossible to state how many fall into this category.

Further investigation shows that eight of every ten cases (81.3%) involved an expenditure of less than $500. And that the greatest expenditure did not exceed $1,500 (Table 36).

These figures tend to substantiate the philosophy of Vocational Rehabilitation in that for a small outlay of funds an individual can become a contributing, productive, and useful member of society.

The project has demonstrated that

(1) Selective Service rejectees are a prime population who can benefit from V. R. sources.

(2) A project such as this can be conducted in any locality in which a minimum of services are available.

(3) The cost of a project of this kind is nominal in terms of its return.

(4) An adequate number of personnel must be employed in the project if optimum results are to be realized.

(5) The same evaluation instruments must be employed in screening all applicants.

(6) The race of the rejectee must be included among the demographic data for purposes of statistical analysis.

(7) The purposes of the project must be explained thoroughly to each rejectee.

(8) Initial contact with rejectees should never be made through correspondence.

(9) Personal contact must be maintained between rejectee and counselor.

(10) The Counselor-Coordinator is the single most important person on the project staff because he

a) initiates all contacts

b) does much of any counseling provided

c) makes necessary referrals

d) maintains accurate records on all contacts

e) conducts subsequent follow-up studies.

SUMMARY OF FINDINGS

There has been increasing concern about the large number of young men in South Carolina and other states rejected for military service because of failure to meet physical and mental requirements. In an effort to rehabilitate this large group of young men, a three-year research and evaluation study was conducted with federal funds in five counties in central South Carolina. This research and demonstration program dealt with the vocational rehabilitation of selective service rejectees.

Since vocational rehabilitation has helped thousands of individuals initially unable to be productively employed because of the existence of employment handicaps, program planners believed that the vocational rehabilitation program could ameliorate handicapping conditions which barred young men from military service and also from employment. The purposes of this project were (1) to make vocational rehabilitation personnel in the state of South Carolina aware of young men who were determined unfit for military service by the Selective Service System, (2) to make rehabilitation personnel fully cognizant of the reasons for rejections, and (3) to assure that rejectees were knowledgeable about opportunities available to them through vocational rehabilitation services.

In 1964 the President's Task Force on Manpower Conservation published a report entitled "One-Third of a Nation." This report showed that one-third of all young men eighteen or older throughout the nation would be found unfit for military service. Of the total number, one-half would be rejected for medical reasons and a second half would be rejected because of their inability to qualify on a mental test. In South Carolina, results of a 1962 study indicated that a startling 50 percent of those being examined for military service failed the mental test. By comparison, the national average of failure was 21 percent. The report indicated that two basic deficiencies contributed to the high rejection rate in South Carolina—inadequate education and insufficient health services. The study also revealed the rejectees had a higher rate of unemployment than non-rejectees and that four out of five were school drop-outs. When employed, they were generally in unskilled, semi-skilled, or service jobs, and they came from families in the lower socio-economic stratum.

The South Carolina Vocational Rehabilitation Project on Selective Service rejectees began under a Research and Demonstration Grant from the Vocational Rehabilitation Administration on May 1, 1964 and continued on a renewal basis until April 30, 1967. This research undertaking was the first of its kind in the country. The demonstration project was located in a five-county area in central South Carolina. The area included Ft. Jackson, the primary center for the examination of South Carolina inductees.

The project had its own special personnel. Cooperative arrangements were established among the South Carolina Vocational Rehabilitation Department, the Selective Service System, and the State Employment Service. During the first year of the project, a full time Counselor-Coordinator was employed as well as a part-time project director, finance officer, and steno-clerk. Medical and psychological consultation were provided on a consultative basis. In the second phase of the project, a half-time social worker was added as well as a part-time IBM machine operator. In the third and final year of the project, personnel consisted of a full-time Counselor-Coordinator, a half-time social worker, a full-time steno-clerk, a half-time steno-clerk, a part-time IBM machine operator, a part-time psychologist, and a part-time medical consultant.

The Counselor-Coordinator made regularly scheduled visits to Selective Service Boards in the project area for the purpose of reviewing the case records of Selective Service rejectees. After careful review of the rejectee's record, and interviews when these seemed advisable, the counselor screened each case either "In" or "Out" for project services. After a rejectee was screened "In," as accepted for rehabilitation services, he was thoroughly evaluated vocationally, medically, and psychologically. If physical restoration was required, it was provided through project funds.

Clients who had no marketable skill, but who were trainable, were provided with vocational training in on-the-job situations. Special facilities such as public and private trade schools, rehabilitation workshops, business schools, and colleges were also utilized in training.

During the three years of the project, 1,450 young men were called for examination by their respective Selective Service Boards in the five South Carolina counties. The number of men referred for each respective project year was 514, 724, and 212. Twenty-three percent of the total number of referrals or 347 rejectees were accepted by the Vocational Rehabilitation project for evaluation so that their feasibility for vocational rehabilitation could be determined. Of the 347 rejectees who were evaluated, 112, or 32 percent were considered feasible for vocational rehabilitation services; i.e., there was reasonable expectation that these individuals could eventually be gainfully employed.

The most productive year of the project was the last year. During that period, 70 percent of the rejectees referred were given diagnostic and evaluative services and 36 percent were accepted for vocational rehabilitation services.

The modal age of rejectees was 20 with some subjects being as young as 17 and others as old as 27. Thirty-three percent of the subjects were from towns with populations of 2,500 or less and 41 percent were from cities of 50,000 to 100,000. The modal educational level was the twelfth grade (37 percent).

More than one-half of the 1,450 rejectees referred to the project did not respond to any of several letters sent to them by the Counsel-Coordinator and consequently these cases were classified as "Unable to Locate." Twenty-five percent of the total referrals seemed to have potential as V. R. clients and were accepted for diagnostic and evaluation services so that eligibility and feasibility might be determined. In 13 percent of the cases either the rejectee or the counselor did not believe that V. R. services were needed. One percent of the individuals referred were already on active vocational rehabilitation case rolls. In all, 1,080 cases were not processed for diagnostic and evaluation services. Thirty-seven cases were referred to other agencies or other V. R. personnel for further assistance. No referral action was taken on the remaining 1,043 cases.

The Armed Forces Qualifying Test (AFQT) was administered to 1,015 (70% percent) of the rejectees. Thirty-six percent of these tested scored 19 or less on the AFQT (indicating mental deficiency and unsuitability for military duty). Scores for the remaining 33 percent who were tested were distributed rather evenly from a score of 20 through a score of 90 or higher. Thirty percent of the subjects never took the AFQT since they were rejected by their local Selective Service Board for medical, moral, or educational deficiencies. Other significant reasons for disqualification were visual impairments other than blindness (7%), orthopedic deformities for impairments—except amputations—of one or both lower extremities (6%), and cardiac disease (5%).

Beginning about half way through the first project year, the Revised Beta was administered to rejectees being evaluated. Forty-one percent of the subjects were not tested because of a delay in administering the test. The modal score was in the 90-109 or average range. Only nine percent of these evaluated scored in the above-average range while 31 percent scored in the below-average range. The fact that 31 percent scored in the below-average range appeared to confirm an earlier finding that mental retardation or deficiency was the primary or secondary impairment of approximately 30 percent of those evaluated. The reading sub-test of the Wide Range Achievement Test was administered to all 347 subjects evaluated. According to this test, only 11 percent of the subjects were reading below the fifth grade level. This indicates obvious discrepancies between reading scores and earlier data from both the AFQT and the Revised Beta, each of which classified almost one-third of the subjects a mentally retarded or deficient.

Fifty-two percent of the referred and evaluated cases had been out of school 24 months or less. During the period of evaluation, the most prevalent type of diagnostic service was the medical examination. Forty-five percent of those evaluated received only a medical examination. Fourteen percent received medical and psychological evaluation and 11 percent received evaluation from a physician and a social worker. Surprisingly, 18 percent of the persons evaluated received no diagnostic services beyond those provided by the Counselor-Cordinator. In only 15 of the 347 cases evaluated were any evaluation or diagnostic facilities utilized. Nine of the 15 were referred to either a workshop, a comprehensive rehabilitation center or a specialty clinic or center. The remaining six of the 15 were referred to other miscellaneous diagnostic facilities.

Specific counseling services for individuals were provided by the Counselor-Coordinator in 54 percent of the cases. Twenty-five percent of those in evaluation received counseling from a social worker anad 15 percent were seen by a psychologist. The remaining 5% received counseling service from more than one professional person.

Other than counseling which was provided by the Counselor-Coordinator or some other professional person, the most frequently needed single service for the 347 persons in evaluation was physical restoration. Fifty-eight percent of the rejectees needed physical restoration. Forty-four percent of the persons evaluated needed training and 43 percent needed placement only. No service other than counseling was required by 15 percent of the rejectees. The remainder of this group (43 percent) required other provisions such as transportation, maintenance, supplies, and psychiatric treatment.

When evaluation of the 347 rejectees had been completed, 47 percent were accepted as V. R. clients. Twenty-seven percent of those evaluated were closed because of a lack of motivation on the part of the client. These clients repeatedly failed to keep appointments with the Counselor-Coordinator, physician, or some other person and appeared unable or unwilling to become involved in their own rehabilitation. Only two of the 347 individuals evaluated were too severely disabled to benefit from V. R. services.

It should be emphasized that the cost of providing diagnostic services for 97 percent of the rejectees was merely $100 or less. Significantly, a substantial number of these cases required no expenditure of public funds.

Training was provided for 29 percent of the total number of 112 individuals accepted as feasible for rehabilitation after evaluation. Ten percent of these clients were sent to trade scools and 12 percent were sent for college training. No training was required by 70 percent of them. The cost of training the clients varied from $100 or less (85%) to $500 or more (4%).

Of the 112 clients selected to receive V. R. services, 56 were Caucasian and 56 were Negro. Eighty four percent of the 112 were employed in the competitive labor market when their cases were closed. In 13 percent of the cases, clients were closed as unemployed.

The time period between referral of the rejectee who was evaluated and his acceptance or rejection for V. R. services was slightly more than three months in most instances. Disposition of these cases would have occurred more rapidly if diagnostic and evaluative contractual work could have been scheduled and completed without delay. Disposition of 12 percent of the cases occurred within one month, and another 14 percent were accepted or closed during the second month after referral.

A relatively short period of time elapsed between acceptance and closure of the 112 rejectees who were accepted for services. Within six months or less, 37 percent were closed. Another 41 percent were closed within a year of acceptance. Twenty-three percent of these clients required from 13 to 18 months to reach closure; 6 percent required between 19 and 24 months. Findings indicate that rehabilitation of Selective Service rejectees does not seem to require a significantly longer period of time than that required by clients in a general case load.

During the first year of the project, 514 rejectees were contacted, 77 percent were screened "In," and four were provided V. R. services. During the second year 724 rejectees were contacted. Of these, 121 were screened "In" and 31 were provided V. R. services. During the third year, 212 rejectees were contacted, 149 were screened "In" and 77 were provided V. R. services. A marked improvement is indicated over the two final years. This improvement probably came about as a result of: (1) The Counselor-Coordinator being more effective as a result of earlier experiences with rejectees, and (2) there were only 212 rejectees in the third year of the project as compared to 514 in the first year and 724 in the second year. Consequently, the counselor had a more manageable case load and more time to identify the clients with potential for rehabilitation success.

In the case of diagnostic services, it would seem that if medical, social, and psychological services were provided in addition to the counseling offered by the Counselor-Coordinator, about 90 percent of all rejectees acceptable for evaluation to determine feasibility for rehabilitation could be served. It would, therefore, logically follow that similar projects could be effectively established in other lo-

calities where these four basic services are available.

The typical subject acceptable for rehabilitation services might be described as about 20 years old, from a population area of 50 to 100 thousand, having at least a twelfth grade education, having been out of school for two years or less, needing some kind of physical restoration, requiring no more than $100 in diagnostic services, requiring no more than $100 in vocational training costs, and able to become gainfully employed within one year after entering a rehabilitation program. It should be noted here, however, that more than half of the 1,450 rejectees referred to the project did not respond to any of the several letters sent to them by the Counselor-Coordinator, and, therefore, could not be included in this study.

Final results indicate that 95 (84 percent) clients accepted after evaluation for rehabilitation services were placed in competitive employment. Only 15 (13 percent) of the total number of clients were closed as "unemployed" (not rehabilitated). In summary, the study tends to verify beliefs that for a small outlay of funds and through vocational rehabilitation efforts, military rejectees can become contributing members of a competitive society.

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Appendix A

SELECTIVE SERVICE DEMONSTRATION PROJECT
UNIFORM DATA COLLECTION SYSTEM

DATA SHEET NO. 1

PHASE 1 Case No._____

1. Project code_____ 2. Project year_____
3. Soc. Sec. No._____
4. _____ _____ _____
   Last Name First Name MI
5. Referred Source (Circle one code only)

	Code
AFES	1
SS	2
ENL	3

6. Age as of Disqualification _____
7. Marital Status (Circle one code only)

Single	1
Married	2
Divorced	3
Separated	4
Widowed	5

8. Residence
   A._____ (City)
   B._____ (State)
   C. Size of City (Circle one code only)

Pop.	
Over 100,000	1
50 - 100,000	2
25 - 50,000	3
10 - 25,000	4
2,500 - 10,000	5
Under 2,500	6

9. Number of Dependents_____
10. Field of Work_____
    D.O.T. SINGLE DIGIT CODE_____
11. Full Grades of School Completed_____
12. AFQT Score_____
13. Basis for Disqualification_____
    Date of Disqualification _____
14. Referred Date_____ Number of days from disqualification to referral _____
15. Case Disposition: (Circle one code only)

Screened Out	
Death	1
Not eligible	2
Services not needed	3
Services Declined	4
Unable to locate	5
Voc. Rehab. Client	6
Other	7
Screened In	8

16. If screened out, client was referred to another agency for: (Circle all appropriate codes)

Employment Placement	1
Health Services	2
Education or Training	4
Welfare Services	8
V. R. Services	16
No Referral	0
Sum of Circled Codes	

17. Calendar year_____

SELECTIVE SERVICE DEMONSTRATION PROJECT
UNIFORM DATA COLLECTION SYSTEM

DATA SHEET NO. 2

PHASE 2 Case No._____

1 Project Code__ 2. Client's Soc. Sec. No._____
3. _____ _____ _____
   Last Name First Name MI
4. Disabilities: Code
   a. Major _____ _____
   b. Secondary _____ _____
5. Receiving Public Assistance

Yes	1
No.	2

6. Revised Beta Score _____
7. Wide Range Reading Score_____
8. Month and Year of Leaving or Completing School _____
   Number of months from leaving school to referral _____
9. No. Months Employed during this period_____
10. No. of jobs during this period_____

11. Work status at Referral (Circle one code only)

Unemployed, not looking for work, not a Student	1
Unemployed, Actively Seeking Work, Not a Student	2
Employed, Full Time	3
Employed, Part Time	4
Student—Major Activity	5

12. Diagnostic Services Given (Circle all appropriate codes)

	Code
Medical	1
Psychological	2
Social	4
Vocational	8
Prosthetics	16
Speech and Hearing	32
None of Above	0

13. Diagnostic Facilities Used (Circle all Appropriate Codes)

	Code
Workshop	1
Comprehensive Rehab. Center	2
Specialty Clinic or Center	4
Other	8
None	0
Sum of Circled Codes	——

14. Counseling Services other than V. R. (Circle all Appropriate Codes)

	Code
Psychologist	1
Psychiatrist	2
Social Worker	4
Other	8
None	0
Sum of Circled Codes	——

15. Services needed (Circle all Appropriate Codes)

	Code
Physical Restoration	1
Psychiatric Treatment	2
Training	4
Maintenance	8
Supplies and Equipment	32
Transportation	16
Placement	64
Sum of Circled Codes	——

16. Status after Evaluation (Circle one code only)

	Code
Closed—Employed	1
Closed—Unemployed	2
Closed—Moved	3
Closed—Died	4
Closed—Declined Service	5
Closed—Lack of Motivation	6
Closed—Disability too severe	7
Closed — Other	8
Accepted for Services	9

17. Date Accepted or Closed from Referral_____
Number of days from Referral to Acceptance or Closure _____

SELECTIVE SERVICE DEMONSTRATION PROJECT UNIFORM DATA COLLECTION SYSTEM

DATA SHEET NO. 3

1. Project Code__ 2. Client's Soc. Sec. No._____

3. _____ _____ ___
Last Name First Name MI

4. Major Type of Training Facility Used (Circle one code only)

	Code
Trade School	1
Technical School	2
Business School	3
College	4
On-Job Training	5
Workshop	6
Rehabilitation Center	7
Correspondence Course	8
None	9

5. Occupation at Closure _____
D.O.T. Three Digit Code _____

6. Client Receiving Public Assistance at Closure

Yes	1
No	2

7. Employed Status at Closure (Circle one code only)

	Code
Competitive Labor Market	1
Sheltered Workshop	2
Self-Employed	3
Business Enterprise	4
Homemaker	5

Unpaid Family Worker 6
Student (Rehabilitated) 7
Unemployed (Not Rehabilitated) 8

8. Reason for Case Closed—Not Rehabilitated
(Circle one only)

	Code
Moved	1
Died	2
Declined Services	3
Lack of Motivation	4
Disability too Severe	5
Other	6
Not applicable	7

9. Date of Acceptance _____
Date of Closure _____
Number of months from Acceptance to Closure _____

10. Type of Services Given
(Circle all Appropriate Codes)

A. Counseling (other than V.R.)

Psychologist	1
Psychiatrist	2
Social Worker	4
Other	8
None	0
Sum	___

Total Counseling Cost
$_____

B. Physical Restoration

Treatment	1
Surgery	2
Hospital	4
Prosthetics	8
None	0
Sum	___

Total Physical Restoration Cost
$_____

C. Equipment and Supplies

Training	1
Placement	2
Self-Employed	4
None	0
Sum	___

Total Equipment and Supplies Cost
$_____

D. Other Services

Maintenance	1
Transportation	2
Licenses	4
Placement	8
Other	16
None	32
Sum	___

E. Training Services Cost $_____

F. Total Cost of All Services $_____
Other Services Cost $_____

Appendix B

11-60
13-2-21

CLASSIFICATION OF DISABLING CONDITION

Telescoped OVR code number	Description
xx	No secondary disabling condition[1]
———	**Amputation or absence of upper extremities:**
00	Group A
———	Arms, **both,** as in 00 or 01
———	**Both** upper extremities affected in any combination of 00, 01, 03, and 05 (except 00 with 01)
01	Group B
———	Arm, at or above elbow or at shoulder
———	Arm, below elbow but above wrist
———	Hand, at wrist
———	Hands, **both, at wrists**
———	All fingers, including thumb, entirely missing from **one** hand
———	All fingers, including thumbs, entirely missing from **both hands**
———	Some fingers and/or thumb missing from **one** hand (functional use retained for one or more fingers)
	Some fingers and/or thumbs missing from **both** hands (functional use retained for one or more fingers on both hands)
———	**Amputation or absence of lower extremities:**
02	Group A
———	Legs, **both,** as in 10 or 11
	Both lower extremities affected in any combination of 10, 11 and 13 (except 10 with 11)
03	Group B
———	Leg, at or above knee or at hip
	Leg, below knee but above ankle
———	Foot, at ankle or middle of foot
———	Feet, **both,** at ankles or middle of feet, as in 13
———	Toes, one or more missing on **one** foot
———	Toes, one or more missing on both feet
04	**Amputation or absence of upper and lower extremities**
———	One upper **and** one lower (as in 00, 01, 03, or 05 in any combination with 10, 11, or 13)
———	Three or more (combinations of 00, 01, 02, 03, 04, 05, 06 or 09 with 10, 11, 12, 13, 14, or 17)
	Orthopedic deformities or impairments (except amputations) of upper extremities:

[1] Use only for Item 13b, Secondary disabling condition.

CLASSIFICATION OF DISABLING CONDITION — (Continued)

Telescoped OVR code number	Description
05	Group A
———	Upper extremities, **both, as in 20**
———	**Both** extremities affected in any combination of 20, 22, and 24
———	Upper extremities, **both,** as in 27
———	**Both** extremities affected in any combination of 27, 29, and 31
———	Upper extremities, **both,** as in 34
———	Both extremities affected in any combination of 34, 36, and 38
06	Group B
———	Upper extremity (shoulder, shoulder joint, arm, elbow joint)**except** wrist, hand, or fingers only
———	Hand **(except** fingers only), wrist and/or wrist joint of **one** extremity only
———	Hand(s) (except fingers only), wrist(s) and/or wrist joint(s) with **both** extremities affected, as in 22
———	Fingers, including thumb, and respective joints of **one** hand only
———	Fingers, including thumbs, and respective joints of **both** hands, as in 24
———	Upper extremity (shoulder, shoulder joint, arm, elbow joint), **except** wrist, hand, or fingers only
———	Hand **(except** fingers only), wrist and/or wrist joint of **one** extremity only
———	Hand(s) **(except** fingers only), wrist(s) and/or wrist joint(s) with **both** extremities affected, as in 29
———	Fingers, including thumb, and respective joints of **one** hand only
———	Fingers, including thumbs, and respective joints of **both** hands, as in 31
———	Upper extremity (shoulder, shoulder joint, arm, elbow joint), **except** wrist, hand, or fingers only
———	Hand **(except** fingers only) and/or wrist of **one** extremity only
———	Hand(s) **(except** fingers only) and/or wrist with **both** extremities affected, as in 36
———	Fingers, including thumb of **one** hand only
———	Fingers, including thumbs of both hands, as in 38
———	**Orthopedic deformities or impairments (except amputations) of lower extremities:**
07	Group A
———	Lower extremities, **both,** as in 41
———	Paraplegia
———	**Both** extremities affected with combination of 41 and 43, except paraplegia
———	Lower extremities, **both,** as in 47
———	**Both** extremities affected with combination of 47 and 49
———	Lower extremities, **both,** as in 52
———	**Both** extremities affected with combinations of 52 and 54

CLASSIFICATION OF DISABLING CONDITION — (Continued)

Telescoped OVR code number	Description
08	Group B
———	Lower extermities (hip, hip joint, leg, knee joint), **except** ankle or foot only—varicose veins
———	Foot and/or ankle, including joints of **one** extremity only
———	Feet and/or ankle(s) of **both** extremities affected, as in 43
———	Lower extremity (hip, hip joint, leg, knee joint), **except** ankle or foot only
———	Foot and/or ankle, including joints, of **one** extremity only
———	Feet and/or ankle(s) of **both** extremities affected, as in 49
———	Lower extremity (hip, hip joint, leg, knee joint), **except** ankle or foot only
———	Foot and/or ankle, including joints, of **one** extremity only
———	Feet and/or ankle(s) of both etxremities affected, as in 54
———	**Orthopedic deformities or impairments (except amputations) of upper and lower extremities and trunk:**
09	Group A
———	Hemiplegia
———	One upper extremity (**except** hand, wrist, or fingers only) **and** one lower **(except** ankle or foot only), as in 20 and 41, **except** hemiplegia
———	Three or more extremities as in 20 and 42 or 21 and 41 (includes quadriplegia)
———	Trunk, back, spine, vertebrae
———	One upper extremity (**except** hand, wrist, or fingers only) **and** one lower (**except** ankle or foot only), as in 27 and 47 (includes hemiparesis)
———	Three or more extremities as in 27 and 48 or 28 and 47 (includes quadriparesis)
———	Trunk, back, spine, vertebrae
———	One upper extremity (**except** hand, wrist, or fingers only) **and** one lower (**except** ankle or foot only) as in 34 and 52
———	Three or more extremities, as in 34 and 53 or 35 and 52
———	Trunk, back, spine, vertebrae
10	Group B
———	Hand, wrist, or fingers and foot or ankle combinations on one or both sides of the body, as in 22, 23, 24, or 25 in combination with 43 or 44

[1] Apparent duplications (such as detailed OVR codes 41, 47, and 52) are explained on page 13-2-26.

CLASSIFICATION OF DISABLING CONDITION — (Continued)

Telescoped OVR code number	Description
———	Hand, wrist, or fingers and foot or ankle combinations on one or both sides of the body as in 29, 30, 31, or 32 in combination with 49 or 50
———	Hand, wrist, or fingers and foot or ankle combinations on one or both sides of the body as in 36, 37, 38, or 39 in combination with 54 or 55.
———	**Orthopedic defromities or impairments of other parts of the body:**
11	Group A
———	Chest (example, pigeon breast)
———	Neck or shoulder region
———	Head, other than dentofacial regions (**exclude** headache and pain only)
———	Facial disfigurement or scarring of face, including nose, lips, and ears
———	Dwarfism or gigantism
12	Group B
———	Complete absence of teeth **both** upper and lower jaws
———	Other dentofacial conditions—malocclusion; congenital anomalies of teeth; deformity of jaw, palate or other oral structure (with or without speech defect—if with, code speech defect as secondary)
———	Dental caries, absence or deficient number of teeth, and related conditions
13	**Blind in both eyes**
———	Blind in both eyes (with correction, not more than 20/200 in better eye, or visual acuity greater than 20/200, but limitation in visual field within 20 degrees)
14	**Other visual impairments**
———	Blind in one eye, other eye defective (one eye, with correction, not better than 20/200; other eye less than 20/60, but better than 20/200, or corresponding reduction in visual field)
———	Blind in one eye, other eye good (one eye virtually normal; other eye, with correction, not better than 20/200
———	Defective vision (vision in better eye, with correction, less than 20/60, but greater than 20/200, or corresponding loss in visual field)
———	Other visual defect (including ptosis, color blindness, disorders of motor function, hemianopsia)

[1] The following has been removed from the classification of disabling condition in this tabulation plan on close cases: 86; hard of hearing (but understands normal conversation through the ear).

CLASSIFICATION OF DISABLING CONDITION — (Continued)

Telescoped OVR code number	Description
15	**Deaf, unable to talk readily**
———	Deaf, unable to talk readily (hearing too defective to interpret normal or amplified conversation through the ear)
16	**Deaf, able to talk readily**
———	Deaf, able to talk readily (hearing too defective to interpret normal or amplified conversation through the ear)
17	**Other impairments of hearing**
———	Hard of hearing (hearing defective but understands loud or amplified conversation through the ear)[1]
18	**Impaired Speech**
———	Stammering or stuttering
———	Other speech defect (including aphasia; those due to cleft palate, hare lip or laryngectomy; dysarthria, dyphasis, and others)
19	**Psychosis and psychoneurosis**
———	Psychosis
———	Psychoneurosis—chronic anxiety
20	**Mental retardation or deficiency**
———	Mental retardation or deficiency
21	**Cardiac diseases**
———	Cardiac diseases
22	**Epilepsy**
———	Epilepsy
23	**Tuberculosis, pulmonary**
———	Tuberculosis, pulmonary
24	**Disabling conditions NEC**
———	Arthritis, generalized[1]
———	Migraine
———	Other (not elsewhere classified)
29	**Not reported**
30	**Personality, character, and behavior disorders**
———	Personality, character, and behavior disorders—alcoholism
95	**Diabetes**[1]
97	**Hernia**

[1] Use these codes only if the disease does not affect a specified part of the body.

In the space provided, describe concisely and accurately the physical or mental disabling condition determined to be the principal handicap to the client in obtaining or retaining a job. This information should be based on the medical records, supplemented by other diagnostic information and the medical and vocational evaluation. The wording recorded by the state agency in Item 13a(1) need not agree with the "Description" shown in this **Manual,** opposite either the telescoped or detailed OVR code number.

Certain combinations such as amputations involving two legs or paralysis involving two arms should be recorded as the major disabling condition, since they are provided for in the code used for this part of the item. However, combinations such as an amputated leg and a paralyzed arm should be recorded separately—the one which is the **major** disabling condition, in Item 13a(1), and the other as a **secondary** disabling condition, in Item 13b.